



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

09/26/2001

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER	NYD986949410
INSTALLATION NAME	TOSCO #34754
INSTALLATION ADDRESS	1350 RTE 110 FARMINGDALE, NY 11735
MAILING ADDRESS	PO BOX 52085 PHOENXI, AZ 85072

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866**

**ATTN: JACK HOYT
Tel : (212) 637-4106
Fax: (212) 637-4949**

**TO: TOSCO #34754
or Current Occupant
ATTN: STERLING HUNDLEY - HAZ WASTE COORD
PO BOX 52085
PHOENXI, AZ 85072**

Please refer to Section V, Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

A16 - 8 2001

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐ A. Initial Notification☒ B. Subsequent Notification
(Complete item C)

C. Installation's EPA ID Number

N Y D 9 8 6 9 4 9 4 1 0

II. Name of Installation (Include company and specific site name)

T O S C O # 3 4 7 5 4

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

1 3 5 0 R T 1 1 0

Street (Continued)

City or Town

F A R M I N G D A L E

State

Zip Code

M Y 1 1 7 3 5 -

County Code

County Name

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

P O B O X 5 2 0 8 5

City or Town

P H O E N I X

State

Zip Code

A Z 8 5 0 7 2 -

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

H U N D L E Y

(First)

S T E R L I N G

Job Title

H A Z W A S T E C O O R D

Phone Number (Area Code and Number)

Extension

6 0 2 - 7 2 8 - 4 1 8 0

VI. Installation Contact Address (See instructions)

Fax Number

A. Contact Address
Location Mailing☐☒

B. Street or P.O. Box

P O 5 2 0 8 5

City or Town

P H O E N I X

State

Zip Code

A Z 8 5 0 7 2 - 2 0 8 5

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

T O S C O

Street, P.O. Box, or Route Number

P O B O X 5 2 0 8 5

City or Town

P H O E N I X

State

Zip Code

A Z 8 5 0 7 2 - 2 0 8 5

Phone Number (Area Code and Number)

6 0 2 - 7 2 8 - 8 0 0 0

B. Land Type

P

C. Owner Type

P

D. Change of Owner
Indicator

Yes

☒

No

☐

Month

Day

Year

0 3 0 1 2 0 0 0

PLEASE REPLY TO: Jack Hoyt, USEPA-DEPP-RPB, 290 Broadway, 22nd Fl.,
New York, NY 10007-1866 Phone: (212)637-4106

Address Verified By uspo

Change (Owner)

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

A. Hazardous Waste Activities

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220-2,200 lbs.)
- ☒ c. Less than 100 kg/mo (220 lbs.)

2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.

4. Exempt Boiler and/or Industrial Furnace

- ☐ a. Smelting, Melting, and Refining Furnace Exemption
- ☐ b. Small Quantity On-Site Burner Exemption

- ☐ 5. Underground Injection Control

C. Used Oil Management Activities

1. Used Oil Transporter/Transfer Facility - Indicate Type(s) of Activity(ies)

- ☐ a. Transporter
- ☐ b. Transfer Facility

2. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)

- ☐ a. Processor
- ☐ b. Re-refiner

- ☐ 3. Off-Specification Used Oil Burner

4. Used Oil Fuel Marketer
- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Used Oil Burner

- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

B. Universal Waste Activity

- ☐ Large Quantity Handler of Universal Waste

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

- A. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1
D001
7

2
8

3
9

4
10

5
11

6
12

- B. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24; See instructions if you need to list more than 4 toxicity characteristic waste codes.)

1. Ignitable (D001)



2. Corrosive (D002)



3. Reactive (D003)



4. Toxicity Characteristic

(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))

1

D018

2

3

4

- C. Other Wastes. (State-regulated or other wastes requiring a handler to have an I.D. number; See instructions.)

1

2

3

4

5

6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title (Type or print)

STERLING HUNDLEY / HAZ WASTE COOR

Date Signed

7-18-01

XI. Com.

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section IV of the booklet for addresses.)



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY**

05/07/91

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NYD986949410

FACILITY NAME -> EXXON CO USA #37150

MAILING ADDRESS -> PO BOX 4415
HOUSTON, TX 77210

INSTALLATION ADDRESS -> 1350 RTE 110
FARMINGDALE, NY 11735

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO: POOL ALDA S STAFF ASSIST
EXXON CO USA #37150
PO BOX 4415
HOUSTON, TX 77210

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

91-03-13

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification



B. Subsequent Notification
(completes item C)

C. Installation's EPA ID Number

NV D986949410

II. Name of Installation (Include company and specific site name)

EXXON CO USA #371150

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

1350 RTH 1110

Street (continued)

City or Town

Farmingdale

State

ZIP Code

NY

11735

County Code

County Name

Suffolk

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

P O BOX 4415

City or Town

HOUSTON

State

ZIP Code

TX

77210-4415

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

POOL

ALDA S

Job Title

Phone Number (area code and number)

STAFF ASSISTANT

713-656-7709

VI. Installation Contact Address (See Instructions)

A. Contact Address Location

B. Street or P.O. Box

☒

City or Town

State

ZIP Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

EXXON CO USA

Street, P.O. Box, or Route Number

P O BOX 4415

City or Town

State

ZIP Code

TX

77210-4415

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)
Month Day Year

713-656-7761

P

P

Yes

No

X

MAR 06 1991

Continue on reverse

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved: OMB No. 2050-0028. Expires 10-31-91
GSA No. 0246-EPA-OT

1D - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

1. Generator (See instructions) ☐ 2. Treater, Storer, Disposer (at installation)
 a. Greater than 1000kg/mo (2,200 lbs.) ☐ Note: A permit is required for this activity; see instructions.
 b. 100 to 1000 kg/mo (220 - 2,200 lbs.) ☐
☒ c. Less than 100 kg/mo (220 lbs.) ☐
 3. Hazardous Waste Fuel
 a. Generator Marking to Burner ☐
 b. Other Markers ☐
 c. Burner - Indicate device(s) - Type of Combustion Device
 1. Utility Boiler ☐
 2. Industrial Boiler ☐
 3. Industrial Furnace ☐
 4. Underground Injection Control ☐
 2. Transporter (Indicate Mode in boxes 1-5 below)
 a. For own waste only ☐
 b. For commercial purposes ☐
 Mode of Transportation
 1. Air ☐
 2. Rail ☐
 3. Highway ☐
 4. Water ☐
 5. Other - specify

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
 a. Generator Marking to Burner ☐
 b. Other Markers ☐
 c. Burner - Indicate device(s) - Type of Combustion Device
 1. Utility Boiler ☐
 2. Industrial Boiler ☐
 3. Industrial Furnace ☐
 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification ☐

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☐ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. EP Toxic (D000) ☒ (List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))

D 0 1 8

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

Name and Official Title (type or print)

Date Signed

MAR 06 1991

J. Harris, Senior Mktng. Eng.

XI. Comments

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 11/03/2014 BY 1042394